


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2004 8:00 am**  
**Secretary of State**

07-14-2004 90010 014 \*\*\*150.00

<b>DOCUMENT # P03000120335</b>	
1. Entity Name <b>FLORIDA'S OXFORD COLLECTION SERVICES, INC.</b>	

Principal Place of Business <b>8895 NORTH MILITARY TRAIL NORTHLAKE CORPORATE PARK - SUITE 100-C PALM BEACH GARDENS, FL 33410 US</b>	Mailing Address <b>8895 NORTH MILITARY TRAIL NORTHLAKE CORPORATE PARK - SUITE 100-C PALM BEACH GARDENS, FL 33410 US</b>
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**44048723**



2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address <b>135 MAXESS ROAD</b>  Suite, Apt. #, etc.
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07082004 Chg-P CR2E034 (10/03)

City & State <b>MELVILLE, NY</b>	City & State <b>MELVILLE, NY</b>
Zip <b>11747</b>	Country <b>USA</b>

4. FEI Number <b>57-1191176</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>PAUL E. SAWYER, III, P.A. 1512 EAST BROWARD BOULEVARD SUITE 202 FORT LAUDERDALE, FL 33301</b>	
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7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PINTO, PETER 135 MALLOY DRIVE EAST QUOGUE, NY 11942</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP HARRIS, CHARLES 116 THE CRESCENT BABYLON, NY 11702</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T HARRIS, CHARLES 116 THE CRESCENT BABYLON, NY 11702</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S PINTO, PATRICK 12 SUMMERWOOD DRIVE HOLBROOK, NY 11741</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addressee with all other like empowered.

**SIGNATURE:**

 **PATRICK PINTO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/12/04** **631-470-9800**  
Date Daytime Phone #